

## # 1724/DO CZECH ELDERLY WOMEN HAVE LOWER QUALITY OF LIFE THAN MEN? RESULTS OF A PILOT STUDY

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The term aging often connotes decline of abilities, interests, satisfaction and generally quality of life. Especially elderly women have been often mentioned as a risky group due to their loneliness, reduced financial resources and worse health condition. The aim of this presentation was to investigate the differences in priorities, needs and other quality of life aspects of elderly women and men and to understand the changes of these characteristics over the time. As a part of the EU project the measurement of quality of life in older adults and its relationship to healthy ageing, 350 older adults aged 58–95 living in Prague completed the set of questionnaires comprised two quality of life assessments (WHOQOL-100 and WHOQOL-OLD), Importance questions, Co-morbid conditions list and Sociodemographics form. The sample consisted of equal number of men and women, with mean age 74. The majority of male participants were married or lived with a partner (71%) while only one-third of women (32%) lived with a partner and half of them (49%) were widowed. Most prevalent reported medical conditions were mobility, cardiovascular and sensory problems; 64% of the men and 60% of the women reported themselves as healthy. All differences indicated higher satisfaction with life domain for men than for women. Men reported significantly higher satisfaction in a number of items such as personal relationship, family support, financial situation, social care services, health conditions and life as a whole while women scored significantly higher in items of loneliness, lack of money and worries about future. The gender differences increased with age of respondents; men aged 80 and over were significantly more satisfied with their life and reported higher quality of life than women of the same age group. The results that supported the initial hypotheses could contribute to the broad public discussion how to improve quality of life in retirement community residents. Supported by QLRT-2000-00320.

## # 1461/INFLUENCE OF SOME SOCIO-DEMOGRAPHIC CHARACTERISTICS ON THE HEALTH RELATED QUALITY OF LIFE AMONG ELDERLY IN VOJVODINA

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Aim of this study was to determine influence of some socio-demographic characteristics on the health related quality of life (HRQOL) among elderly in Province Vojvodina. Measurement of health related quality of life was performed using original instrument made by modifying of McMaster Health Index Questionnaire. Technique of defining of unique numeric value of health related quality of life as well as numeric values for scales entering instrument is especially determined for this modified instrument. The final result was QOL-OLD Index, on which value influence values of the six scales: physical function, self-care, interpersonal relations, social usefulness, social functioning and self-assessment scale. Each scale as well as QOL-OLD Index have numeric value, from 0 to 100 (higher value means better quality of life) and is comparable with other instruments for measurement of HRQOL among elderly. Cross-sectional study was performed on the random sample of 373 elderly people in the population aged 60 and above throughout poll. Results of the study showed that elderly in elderly homes have QOL-OLD mean value of 67.9 which is significantly lower than value for elderly who live in their own homes ( $p = 0.04$ ). Significant influence on the QOL-OLD Index have gender, in favour of males ( $p = 0.009$ ). Population of elderly was stratified in two groups: first from 60 to 74 years old and second 75 years and above. Younger elderly have significantly better quality of life ( $p = 0.02$ ). Higher level of education have positive influence on HRQOL ( $p < 0.01$ ). Elderly people living together with partners have also better HRQOL ( $p = 0.04$ ). It may be concluded that instrument originally created is suitable for measuring HRQOL among elderly population and its practical value is getting unique numeric value which is comparable with other instruments for measuring HRQOL. Selected socio-demographic characteristics have significant influence on HRQOL.

## # 1403/SPIRITUALITY, MORALE, AND QUALITY OF LIFE IN THE AGED

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Spirituality becomes an important dimension for personal life in general and QOL, especially for aged people. The aim of the present study is to inspect the relationships between Morale, Spirituality and QOL in older people. Participants include 57 individuals, aged between 64 and 94 years ( $M = 75.5$ ) 31.6% males, 52.6% married, 57.9% living in their own home. Instruments include the Portuguese version of the Lawton Philadelphia Geriatric Center Morale Scale (PGC Morale Scale) (14 items in three dimensions, Agitation, Attitude Toward Own Aging, and Loneliness; 17 items in the original version). To Lawton, morale consists of positive self-regard, a struggle for mastery and acceptance of reality. The domain of spirituality of the QOL-WHO questionnaire includes four questions referring to religion, spirituality and any other beliefs one may hold. And the EuroQoL-5D which is a six-item questionnaire encompassing five aspects of current health including mobility, self-care, and limitations to main activities, pain, and mood, followed by a single overall measure of health. Results show a statistically significant correlation between spiritual beliefs and the PGC Morale Scale:  $r = 0.30$  for Lonely dimension,  $r = 0.41$  for Attitude Toward Own Aging,  $r = 0.38$  for the total scale. Results also show a statistically significant correlation between spiritual beliefs and EuroQoL-5D results:  $r = -0.30$  for Mental Health (better mental health more appropriate beliefs) and  $r = 0.26$  for actual health perception. We also found a statistically significant correlation between the PGC Morale Scale and the Mental Health dimension of EuroQoL-5D (between  $r = -0.35$  and  $r = -0.42$ , with an  $r = -0.52$  for the total PGC Morale Scale); also between Attitude Toward Own Aging from the PGC Morale Scale and Physical Domain ( $r = -0.27$ ), Mental Health ( $r = -0.35$ ), and Health Today, ( $r = 0.44$ ) from EuroQoL-5D scale, as well as Spirituality ( $r = 0.41$ ). An overall inspection of the results suggests an important relationship between Mental Health, Attitude Toward Own Aging and Spirituality which can play an important role in the well-being of the elderly.

## # 1771/QUALITY OF LIFE AND SOCIO-DEMOGRAPHIC CHARACTERISTICS OF OLDER ADULTS (THE WHOLQOL-OLD PROJECT)

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We present preliminary results on quality of life (QoL) on a sample of older people (as a part of the WHOQOL-OLD Project) using the WHOQOL-100 in relation to sociodemographic variables. The WHOQOL-OLD is a project funded by the European Commission involving 23 countries worldwide. In Barcelona, Spain 302 adults 60 and older participated on the pilot stage. All participants signed the Informed Consent and completed the questionnaires: the WHOQOL-100, a specific module for Older Adults, Importance questions related to facets, a list of Comorbid Conditions and Sociodemographic information including age, gender, marital status, education, living arrangement, work and voluntary work 56.6% of the sample were women; mean age was 74.5; 30% were between 60–69, 42% between 70–79 and 28% were 80 and older. 62.6% were married, 60% were living at home unsupported, 69.5% were retired and 27% reported doing voluntary work. Gender differences were found on three domains (Physical, S. Relationships and Spirituality) and five facets (Pain, Sleep, Body Image, N. Feelings and Spirituality) and Age groups differences in one domain (Independence) and nine facets (Energy, P. Feelings, Mobility, ADL, Medication, Working Capacity, Health and Social Care, Environment and Transport). Educational level difference among categories was found on the Psychological domain. Married people scored higher on Physical and Independence domains. People with higher level of education scored higher, and people doing voluntary work scored higher in all domains of the WHOQOL-100 compared to those who did not voluntary work. Women, people 60–79, married people, people with higher level of education, those living unsupported, and those doing voluntary work had higher QoL scores. Knowledge of these specific aspects will contribute to improve the QoL of the Elderly.